

- **Full Legal Name:** _____
- **Phone Number:** _____
- **Current Address:** _____

Treatment & Recovery History

- **Are you currently enrolled in a treatment facility or recovery program?**
☐ Yes ☐ No
- **Are you currently incarcerated?**
☐ Yes ☐ No

If yes, please provide the following information:

- **Facility Name:** _____
- **Primary Contact Person:** _____
- **Contact Phone Number:** _____
- **Most Recent Treatment Center or Detox Facility:**

-
- **Number of Prior Treatment/Detox Admissions:**

-
- **Date of Last Alcohol Use (MM/DD/YYYY):**

-
- **Date of Last Drug Use (MM/DD/YYYY):**

-
- **Please list all substances previously or currently misused:**
-
-

Medical & Mental Health Information

- **Please list all prescribed medications and dosages:**
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- **Primary Care Physician Name and Number:**

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- **Mental Health Professional Name and Number:**

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- **Mental Health Professional Contact Number:**
-

Lifestyle & Financial Information

- **Marital Status:**
☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
- **Are you currently employed?**
☐ Yes ☐ No
- **Monthly Employment Income:**
\$ _____
- **Other Monthly Income**
(Disability, retirement, family assistance, welfare, etc.)
\$ _____
- **How many recovery meetings do you attend weekly?**

Administrative Use Only

Entry Information

- **Move-In Date:** _____
- **Move-In Fee Paid:** ☐ Yes ☐ No
- **New Resident Packet Completed:** ☐ Yes ☐ No

Departure Information

- **Move-Out Date:** _____
- **Reason for Departure:**

Email info@TheWayHomeRecovery.org

Mail to PO Box 144, Grand Island, NE 68802